



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 8762

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/562,763 | | 424 | 1615 | 270,388 |

APPLICANTS

Patrice Mauriac, Paris, FRANCE;
 Pierre Marion, Neuilly Plaisance, FRANCE;

**** CONTINUING DATA *******

This application is a 371 of PCT/EP04/51230 06/24/2004

**** FOREIGN APPLICATIONS *******

ITALY MI2003A001299 06/26/2003
 ITALY MI2003A001301 06/26/2003
 ITALY MI2003A001300 06/26/2003
 ITALY MI2003A001303 06/26/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

02/12/2007

| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Verified and Acknowledged | /CARALYNNE E HELM/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | FRANCE | 17 | 21 |
| | | | | | 1 |

ADDRESS

Jay S Cinamon
 Abelman Frayne & Schwab
 10th Floor
 666 Third Avenue
 New York, NY 10017
 UNITED STATES

TITLE

Subcutaneous implants having limited initial release of the active principle and subsequent linearly varying extended release thereof

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 475 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |